



## The Rajan Center for Family Wellness LLC

### Notice of Psychiatrists' Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHIATRIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### 1. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may *use* or *disclose* your *protected health information (PHI)* for treatment, payment and health care operations purposes with your *consent*. To help clarify these terms, here are some definitions:

- “PHI” refers to information that individually identifies you
- “*Treatment, payment and health care operations*”
  - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychiatrist.
  - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” within my practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclose*” applies to activities outside of my practice group such as releasing, transferring, or providing access to information about you to other parties.

#### II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instance when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. **I will also need to obtain an authorization before releasing your psychiatric notes.** “Psychiatric notes” are notes I have made about our conversation during a private, group, joint or family session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychiatric notes) at any time, provided each revocation is in writing. You may not revoke authorization to the extent that (1) I have relied on that authorization, or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

#### III. Uses and Disclosures with neither Consent nor Authorization

The Center may use or disclose PHI without your consent or authorization in the following circumstances:

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- **Child Abuse:** If there is reasonable cause to believe that a child has been subject to abuse, this must be reported immediately to the New Jersey Department of Child Protection and Permanency (DCPP).
- **Adult and Domestic Abuse:** If there is reasonable belief that a vulnerable adult is the subject of abuse, neglect, or exploitation, this may be reported to the county adult protective services provider.
- **Health Oversight:** If the New Jersey Board of Medical Examiners issues a subpoena, I may be compelled to testify before the Board and produce your relevant records and papers.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that have been provided to you and/or the records thereof, such information is privileged under state law, and this information must be released without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate a threat of imminent serious physical violence against a readily identifiable victim or yourself or the public and I believe you intend to carry out that threat, I must take steps to warn and protect. I also must take such steps if I believe you intend to carry out such violence, even if you have not made a specific verbal threat. The steps I take to warn and protect may include arranging for you to be admitted to a psychiatric unit of a hospital or other health care facility, advising the police of your threat and the identity of the intended victim, warning the intended victim or his or her parents if the intended victim is under 19, and warning you parents if you are under 18.
- **Worker's Compensation:** If you file a worker's compensation claim, the Center may be required to release relevant information from your mental health records to a participant in the worker's compensation case, a reinsurer, the health care provider, medical and non-medical experts in connection with the case, the Division of Worker's Compensation, or the Compensation Rating and Inspection Bureau.

There may be additional disclosures of PHI that may be required of the Center of permitted by law to make without your consent or authorization, however the disclosures listed above are the most common.

#### **IV. Patient's Rights and Psychiatrist's Duties**

##### **Patient's Rights:**

- *Right to Request Restrictions* – You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You may ask us not to use or disclose any part of your PHI and by law we must comply when the PHI pertains solely to a health care item or service which the health care provider involved has been **paid out of pocket in full**. You also have the right to request a limit on the PHI we disclose about you to someone involved in your care or payment of your care. Your request must be made in writing to our office with specific instructions. If we agree to the restriction, we may only be in violation of that restriction for emergency treatment purposes. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations-* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some

cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request may be denied. On your request, I will discuss with you the details of the amendment process.
- *Right to Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we can discuss the details of the accounting process.
- *Right to an Electronic Copy of Electronic Medical Records* – You have the right to request to be given to you or have transmitted to another individual or entity, an electronic copy of your medical records, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request however if it is not readily producible by us, we will provide it in either our standard format or in hard copy format (fees may apply).
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

#### Psychiatrist's Duties

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify current patients and post the revised policies and procedures in my office.

#### V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact: The Rajan Center for Family Wellness, by mail at 74 Brunswick Woods Drive, East Brunswick, NJ 08816 or by phone at 774-314-7797.